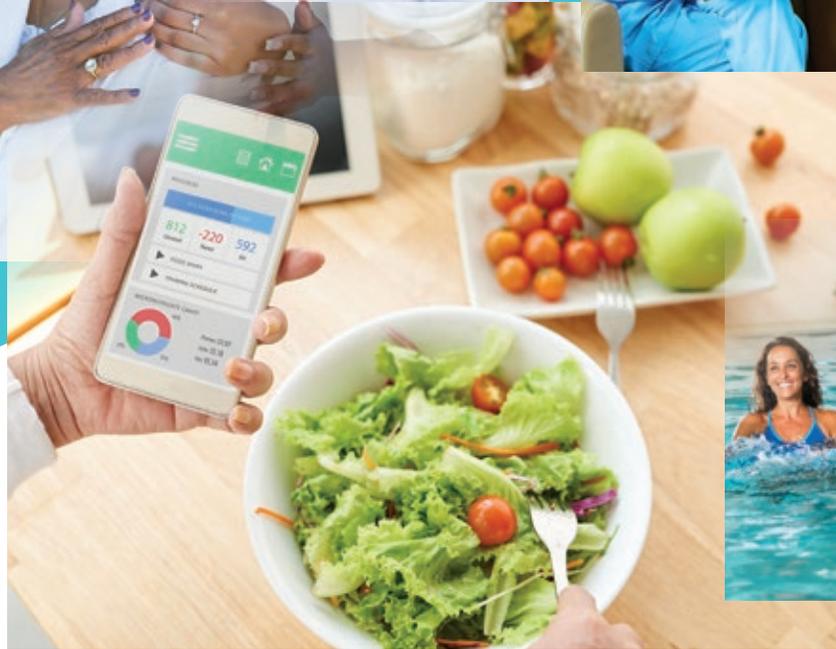


A PATIENT RESOURCE GUIDE



WOMEN AND HEART DISEASE

INSIDE THE WORKBOOK

Introduction	3	Chapter 8	
Chapter 1		Exercise and weight	24
Risk factors for heart disease	4	Adding more activity to your day	24
Understanding the cardiovascular system	5	Managing your weight	25
The symptoms of heart disease	6	Setting weight-loss goals	25
Is it angina or a heart attack?	6	Chapter 9	
Warning signs of heart attack	7	Smoking and heart disease	26
Chapter 2		Smoking and its effect on the heart	26
Managing high blood pressure	8	Creating a quit plan	26
Blood pressure goals	9	Working through withdrawal	27
Risk factors for hypertension	9	Reward yourself	27
Coping with stress	10	Chapter 10	
Your emotional health	10	Overcoming barriers to good health	28
Medications for high blood pressure	11	Health disparities	29
Tips for taking medication	11	What you can do	29
Chapter 3		Should you participate in a clinical trial?	30
The risk of stroke	12	Glossary	31
Warning signs of stroke	12	Comments and suggestions	32
Chapter 4			
Atrial fibrillation	14		
Symptoms of atrial fibrillation	14		
Tips to live safely with atrial fibrillation	15		
Chapter 5			
Controlling cholesterol	16		
Wellness strategies to lower cholesterol	17		
Chapter 6			
Diabetes and heart disease	18		
The A1C test	18		
Your family wellness plan	19		
Controlling blood sugar	19		
Chapter 7			
Healthy eating	20		
The dangers of fat and salt	20		
Don't forget the fiber	20		
Understanding food labels	21		
Watching your portions	22		
Shopping and dining out	22		
Making healthy choices	23		

DISCLAIMER: This guidebook is intended for informational purposes only, with the understanding that no one should rely upon this information as the basis for medical decisions. Anyone requiring medical or other healthcare services should consult a medical or healthcare professional. Any actions based on the information provided herein are entirely the responsibility of the user and/or of any medical or other healthcare professionals who advised such actions. Anyone who uses the suggested dietary and physical activity/exercise areas in this guidebook should consult a medical or healthcare provider before starting a diet or physical activity/exercise program.

WomenHeart, ABC and CardioSmart have used reasonable efforts to include timely and accurate information in this guidebook. Accordingly, the sponsor, partners, producers, and others make no representations or warranties, expressed or implied, regarding the accuracy or completeness of the information provided herein and specifically disclaim any liability, expressed or implied, in connection therewith.

This publication is brought to you as a public health service by ABC through an educational grant from Novartis.



INTRODUCTION



Heart disease is the **number one killer of women** in the United States.

It kills more women than all forms of cancer combined. One in four women who die in the United States each year die of heart disease.

If you don't have heart disease now, you can help prevent it. And if you've already been diagnosed with heart disease, you can help keep it from getting worse.

Work with your healthcare provider to make sure you get the care your heart needs. And also start making lifestyle choices that are healthier for your heart.

This guide will help you get started.

RISK FACTORS FOR HEART DISEASE

Most risk factors can be managed to help make you healthier, but there are some you can't change.

Risk factors **you can't change** are:

- **Family/sibling history of heart disease.** If your mother or sister had heart trouble before age 65 or your father or brother before age 55, you're at higher risk.
- **Age.** The older you are, the higher your risk.
- **Menopause.** Women who have reached postmenopause are at a greater risk for heart disease, especially those whose menopause was triggered by surgery.

The risk factors **you can manage** include:

- **High blood pressure.** When blood pushes too hard against artery walls, it damages the artery lining. You're at risk if your blood pressure is 120/80 or higher.
- **Unhealthy cholesterol levels.** Cholesterol is a fatty substance in the blood. Low-density lipoprotein (LDL) cholesterol and triglycerides (both bad lipids, or fats) can build up in artery walls, narrowing the arteries. High-density lipoprotein (HDL) cholesterol (a good lipid) helps clear bad lipids away. You're at risk if you have LDL of 100 mg/dL or higher. Talk with your doctor about the cholesterol and triglycerides levels that are right for you.
- **Diabetes.** Diabetes causes high blood sugar, which can damage blood vessels if not kept under control. Having diabetes also makes you more likely to have a silent heart attack—one without any symptoms. You're at risk if your blood sugar level is above 110 mg/dL.
- **Smoking.** Smoking damages the lining of the blood vessels and raises blood pressure. Research shows that smoking makes women up to six times more likely to have a heart attack. Also, secondhand smoke is dangerous to your health.
- **Excess weight and obesity.** Excess weight makes your heart work harder, and that raises your risk of a heart attack. Being overweight or obese also puts you at risk of developing diabetes. Excess weight around the waist or stomach increases your risk the most. You're at risk if your BMI (body-mass index) is 25 or higher.
- **Lack of exercise.** Without regular exercise, you're more likely to develop other risk factors, such as being overweight and developing diabetes. High blood pressure and unhealthy lipid levels are also more likely.

Risk factors are habits and conditions that make heart disease more likely. The more you have, the higher are your chances of a heart attack and other problems.

Understanding the cardiovascular system

Coronary arteries supply blood to the heart muscle. Like all other tissues in the body, the heart muscle needs oxygen-rich blood to function, and oxygen-depleted blood must be carried away. The coronary arteries consist of two main arteries: the right and left coronary arteries, with the left dividing into two important arteries.

Since coronary arteries deliver blood to the heart muscle, any coronary artery disorder or disease can have serious implications by reducing the flow of oxygen and nutrients to the heart muscle, which may lead to a heart attack and possibly death. Atherosclerosis (a buildup of plaque in the inner lining of an artery causing it to narrow or become blocked) is the most common cause of heart disease.

- **Negative emotions.** Emotions such as stress and pent-up anger have been linked to heart disease. Over time, these emotions could raise your heart disease risk. If you have heart disease, emotional problems such as anxiety and depression can make it worse.
- **Metabolic syndrome.** This is caused by a combination of certain risk factors. It puts you at extra high risk of heart disease and stroke. If you have three or more of these factors, you are said to have metabolic syndrome:
 - A high level of triglycerides, or more than 150 mg/dL
 - A low level of HDL ("good") cholesterol, or below 40 mg/dL for men or 50 mg/dL for women
 - Abdominal obesity, or a waist circumference of greater than 35 inches for women, or greater than 40 inches for men
 - High blood pressure (130/80 mmHg or greater)
 - High blood sugar (110 mg/dL or greater)

Controlling risk factors is the key to preventing illness and death from heart disease.



THE SYMPTOMS OF HEART DISEASE



The symptoms of heart disease can vary with severity. Some people with heart disease have no symptoms, some have episodes of mild chest pain or angina, and some have more severe chest pain.

If too little oxygenated blood reaches the heart, a person will experience chest pain called angina. When the blood supply is completely cut off, the result is a heart attack, and the heart muscle begins to die. Some persons may have a heart attack and never recognize the symptoms. This is called a “silent” heart attack.

For many women a heart attack may feel like a strange discomfort in the back, or some other easily ignored sign, instead of crushing chest pain.

Each year, more than 200,000 women die from heart attacks. For many women, though, a heart attack may feel like a strange discomfort in the back, chest tightness or chest heaviness, or some other easily ignored sign, instead of crushing chest pain.

Studies confirm that heart disease may differ in women in ways that doctors may not realize. Heart disease, in some women, doesn't occur from obvious blockages in arteries as it does in men. Instead, for women, plaque may spread evenly along the artery wall or in the smaller arteries—areas hidden from an angiogram, the standard imaging test that measures blood flow in the big arteries.

Is it angina or a heart attack?

Angina usually goes away after a few minutes of rest. If you have never had angina before or if the following symptoms last for more than a few minutes, or if they go away and come back, you could be having a heart attack.

Call 911 right away!

- Discomfort, aching, tightness or pressure that comes and goes. This may be in the chest, back, abdomen, arm, shoulder, neck or jaw.
- Feeling much more tired than usual, for no clear reason.
- Becoming breathless while doing some activity that used to be easy.
- Heartburn, nausea or a burning feeling that seems unrelated to food.



In women with this problem, which is called coronary microvascular syndrome, blood flow to the heart falls dangerously low. But they don't often feel the "elephant-on-the-chest" pain that takes place when large arteries shut down. Instead, they may have subtle symptoms. They may feel pressure or squeezing or shortness of breath. Symptoms may even pop up elsewhere in the body, such as the jaw. (This symptom of jaw pain can also appear in men having a heart attack.)

Many women with microvascular disease may continue to have symptoms and become sicker. They may be at an increased risk for heart attack within five years.

Some experts suggest that hormonal changes associated with aging or inflammation may explain why women's smaller blood vessels develop this unique disease process.

The stage for heart disease is set before menopause by factors such as high blood pressure, high cholesterol, extra weight (especially around the waist) and smoking—all factors that play a part in plaque buildup.

Warning signs of heart attack

The most common symptom of heart attack in men and women is chest pain. However, women are more likely to have "nonclassic" heart attack symptoms than men. Still, doctors note, unexplained jaw, shoulder, back, or arm pain can also signal a man's heart attack even when the classic crushing chest pain is absent.

These are the most common warning signals for heart attack:

- Pain or discomfort in the center of the chest that lasts more than a few minutes, or goes away and comes back
- Chest discomfort with sweating
- Pain that spreads from the chest to the arm, neck or jaw
- Shortness of breath, tiredness (especially from exertion) or upset stomach; these are particularly common in women

If you are at risk for heart disease and have any of these symptoms, seek medical attention, up to and including calling 911, immediately. Do not attempt to drive yourself to the hospital.

If you think you're having a heart attack, call 911 and crush or chew a full-strength aspirin (swallow with a glass of water) to prevent further blood clotting.

Time is a crucial factor in a heart attack because the longer the blockage remains untreated, the more heart muscle will die. Also, drugs that break down blockage in the arteries (thrombolytic therapy) must be given within the first few hours.

MANAGING HIGH BLOOD PRESSURE

Your blood pressure isn't just a reading at your healthcare provider's office. It can predict your risk for heart attack, heart failure, or stroke. Simply put, the higher your blood pressure, the higher your risk for these and other deadly diseases.

The blood pressure reading is written as two numbers, the systolic pressure (the first, or "top" number) and the diastolic pressure (the second, or "bottom" number). Systolic is the measure of pressure when your heart beats (contracts) and blood flow is strongest. Diastolic is the measure of the pressure in the arteries when the heart relaxes between beats.

High blood pressure, also called hypertension, occurs when blood pushes too hard against artery walls as it travels through the arteries. This damages the lining of the blood vessels. If your blood pressure is 120/80 or higher, you're at risk. High blood pressure raises your risk of heart attack and especially of stroke.

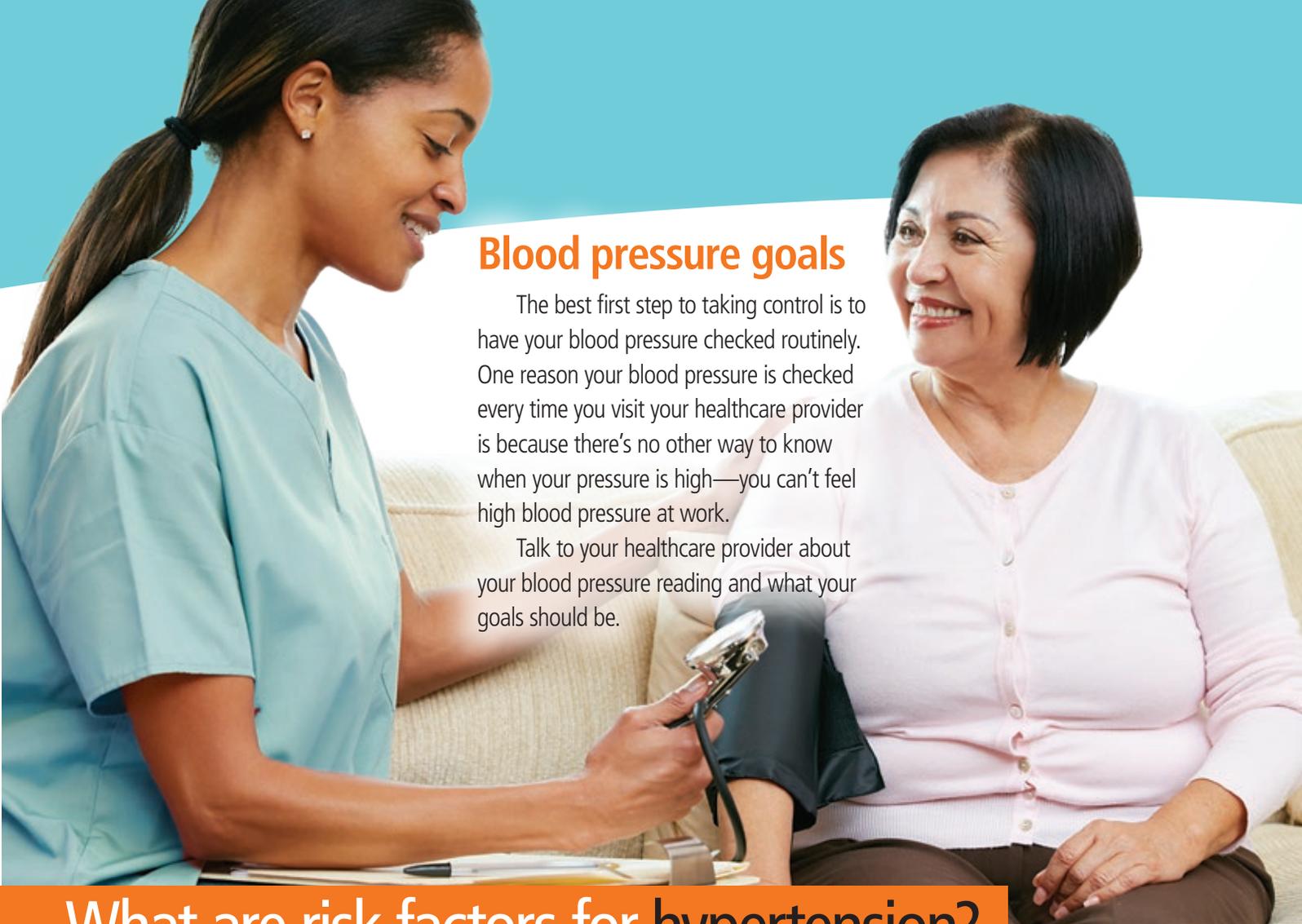
If Your Blood Pressure Numbers Are:	Then:
Less than 120/80	Your range is normal
Between 120-129/<80	You have elevated blood pressure
Between 130-139/80-89	You have Stage 1 Hypertension
Greater than or equal to 140/90	You have Stage 2 Hypertension

Untreated high blood pressure can, over the course of years, translate to hardening of the arteries, or damage to the kidneys or heart.

If you have hypertension or pre-hypertension, you can lower your blood pressure by making changes to your lifestyle. Your healthcare provider can help you determine what changes you need to make and how to make them.

For healthy adults, these are the elements of a healthy lifestyle:

- Not smoking or quitting smoking if you do smoke.
- Maintaining a healthy weight, or a BMI below 25. (See Chapter 8.)
- Getting at least 30 minutes of moderately strenuous physical activity most days.
- Buy low-salt or salt-free commercially prepared foods, and use little or no table salt. Sodium is added to commercially processed or prepared foods and is in table salt.
- Eating 2 1/2 cups of different-colored vegetables a day.
- Eating foods high in potassium, such as kiwis, beets and oranges.
- Eating fewer foods from animals to avoid saturated fat.
- Using only nonfat or low-fat dairy products.
- Drinking alcohol only in moderation, if at all. This means no more than two beers, one glass of wine, or one mixed drink daily. It's easier to control high blood pressure if you do not drink alcohol, however.
- Getting at least 8 hours of sleep per night.



Blood pressure goals

The best first step to taking control is to have your blood pressure checked routinely. One reason your blood pressure is checked every time you visit your healthcare provider is because there's no other way to know when your pressure is high—you can't feel high blood pressure at work.

Talk to your healthcare provider about your blood pressure reading and what your goals should be.

What are risk factors for hypertension?

Certain factors make hypertension more likely. Some factors cannot be changed, but others can. These are the risk factors for hypertension:

- **Age.** The risk for hypertension increases with age.
- **Male gender.** Men have a higher risk of developing high blood pressure than women until age 55; after that, their risks are similar.
- **Blood relatives who have high blood pressure.**
- **Smoking.**
- **Overweight or obesity.**
- **Alcohol.** The risk rises for anyone drinking more than one ounce of pure alcohol a day. This means an average of more than two drinks a day for men and one drink per day for women.
- **Too little physical activity.** At least 30 minutes of moderately strenuous activity most days is recommended.
- **Sensitivity to sodium (salt).** In some people, eating too much sodium leads to hypertension. African Americans appear to be more sensitive than people of other ethnic backgrounds to the effects of salt on blood pressure.
- **Type 2 diabetes, gout or kidney disease.**
- **Pregnancy.** Some women who do not have hypertension develop it during pregnancy.
- **Taking certain medications or herbal supplements.** Certain medications and herbal supplements can raise blood pressure in some people. Common ones include steroids, ibuprofen, nasal decongestants and other cold remedies, and diet pills.

MANAGING HIGH BLOOD



Lifestyle Tips: Coping with stress

Many women lead busy lives. You may have a lot of people who depend on you, and feel sometimes that you don't have time to do what's needed to keep your heart healthy. But whatever else is going on in your life, you need to focus on yourself first. By taking care of your heart now, you help ensure you'll be there later for the people who depend on you.

Your emotional health

Protecting your heart isn't only about eating differently, being more active and losing weight. Emotions such as stress and pent-up anger have been linked to heart disease. Over time, these emotions could raise your heart disease risk.

Depression is twice as common in women as in men, and increases the risk of heart disease by two to three times (compared with women who are not depressed), regardless of race, ethnicity or economic background. Even mild forms of depression or depressive symptoms increase heart disease risk.

You can't remove all stress and negative feelings from your life, but you can make an effort to reduce and manage them. Doing the following may help:

- **Take more time to do things you enjoy.** Put aside a little time for yourself each day.
- **Spend time around people with the same interests as you.** Think about volunteering, joining a club or just meeting friends for coffee once a week.
- **Get more omega-3 foods into your diet.** These include many types of fish. Also, some foods are fortified with omega-3 fats.
- **Practice relaxation techniques such as deep breathing, meditation or yoga.**
- **Know that stress and depression are medical problems that can be treated.** Your healthcare provider may suggest stress management classes, counseling or medication. When these problems are under control, you'll be better able to focus on your health and your needs.

PRESSURE

Medications for high blood pressure

Medications help many people manage risk factors such as high blood pressure, and live longer, healthier lives.

If medications have been prescribed for you, make sure you know what they do and how to use them. Be sure to fill all the prescriptions that are written for you. If you have any questions or concerns, talk to your doctor or pharmacist.

Tips for taking medication

Medication must be taken as prescribed to work right. The following tips can help:

- Don't stop taking your medications for any reason without talking to your healthcare provider first. If you have side effects, your healthcare provider may change the medication to lessen these. If you can't afford your medications, your healthcare provider may suggest resources that can help.
- If keeping track of your medications is a problem, try using a weekly pillbox. You can buy one at a pharmacy.
- Keep a list of all your medications. Show it to any healthcare provider you visit. If your medications change, update the list.
- Some medications are taken for problems that don't cause symptoms, such as high blood pressure. Even if you feel fine, take your medication as prescribed.



STROKE

The risk of stroke

High blood pressure is the biggest risk factor for stroke, especially if your blood pressure is 140/90 or higher. Strokes occur when something interferes with the normal flow of blood to the central nervous system.

- Ischemic strokes are caused by blood clots or cholesterol plaques that block the flow of blood through arteries.
- Hemorrhages occur when arteries burst inside of, or on, the brain surface.

When blood flow is interrupted, the brain doesn't get the oxygen and nutrients it needs and cells begin to die. Relatively few brain cells will be affected if the interruption is brief, and the person may recover fully. Otherwise, the damage may vary to the degree of severity and can be permanent.

Sometimes a small clot will briefly clog an artery, causing temporary weakness, dizziness or other symptoms. These "little strokes"—transient ischemic attacks, or TIAs—should be taken seriously as they often precede a major stroke.

Warning signs of stroke

- Sudden weakness or numbness of the face, arm or leg on one side of the body
- Sudden dimness or loss of vision, particularly in only one eye
- Loss of speech or trouble talking or understanding speech
- Sudden, severe headaches with no known cause
- Unexplained dizziness, unsteadiness or sudden falls, especially if combined with any other symptom

Anyone having a stroke should seek medical attention immediately.



ATRIAL FIBRILLATION



Atrial fibrillation

High blood pressure is a major risk factor for atrial fibrillation, or Afib, the most common type of irregular heartbeat (arrhythmia) among Americans. The good news is that it's possible to live a normal, active life, but you need to follow your healthcare provider's guidelines.

Afib appears to cause more severe health problems in women than in men, and scientists are working to find out why. Women with Afib have a higher rate of nonfatal cardiac events, such as stroke, heart attack and congestive heart failure (a chronic condition in which the heart can no longer pump enough blood to the body). They also have more risk factors for heart and vascular disease, including smoking.

Symptoms of atrial fibrillation (Afib)

Just as no two women are the same, no two cases of Afib are the same. In fact, even in the same person, Afib can feel very different from one episode to the next.

In general, Afib symptoms include:

- Very rapid or irregular heartbeats. Some women say they feel their heart flip-flopping in their chests, skipping a beat or fluttering.
- Unexplained shortness of breath
- Chest pain
- Weakness or difficulty exercising
- Dizziness or feeling faint
- Fatigue

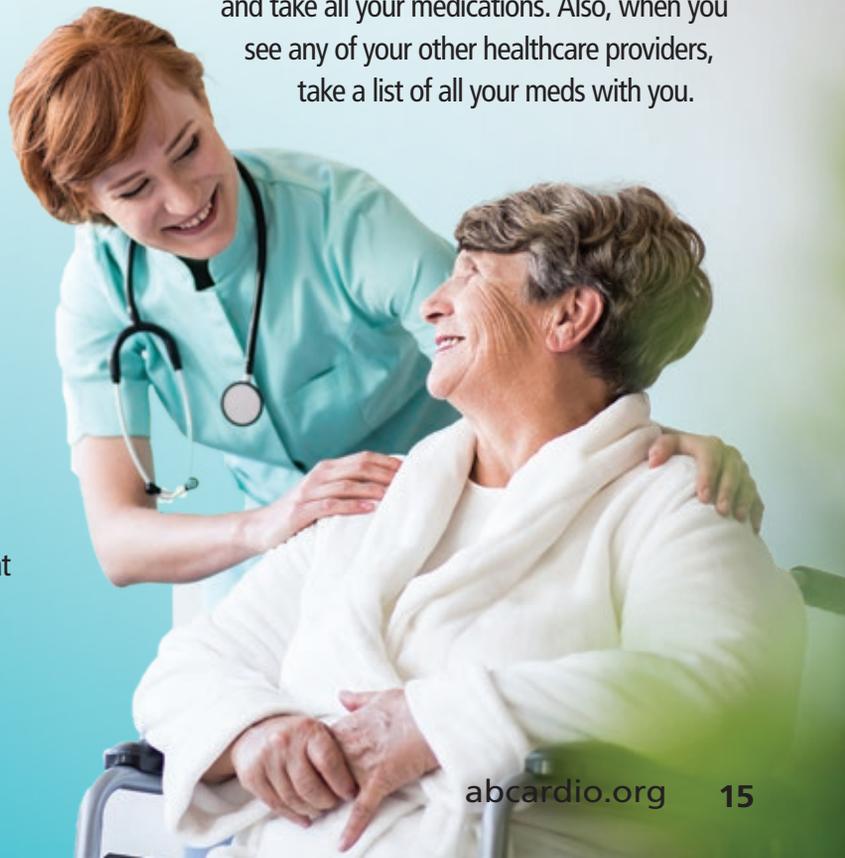
While many women have one or more of these symptoms, some don't notice any. Others say they had a nagging feeling that something wasn't quite right with their body. Tell your healthcare provider about all your symptoms. Don't wait to see if they go away on their own or try to diagnose yourself.

Afib can occur:

- Every once in a while (called paroxysmal Afib) for a few seconds or days, and tends to go away on its own
- On an ongoing basis (persistent), but medications or electrical shock (cardioversion) can help the heart return to its normal rhythm
- All the time (persistent), which often requires certain medical procedures

Following are some tips to live safely with **atrial fibrillation**:

- **Know what triggers an episode.** Some common triggers include alcohol, caffeine, extreme physical exertion, upper respiratory infections and stress.
- **Take precautions when on blood-thinning medications.** Preventing blood clots that can form in the heart and travel to the brain is an important part of treatment. Always check with your healthcare provider or pharmacist before stopping, adding or changing any medications.
- **Be smart about over-the-counter cold and allergy medicines.** Some over-the-counter medications contain stimulants that can speed up your heart and trigger an atrial fibrillation attack. They may also interfere with atrial fibrillation medications you're taking to control your heart rate or rhythm. Always check with your healthcare provider or pharmacist before taking any over-the-counter medication.
- **Limit alcohol, caffeine, salt and nicotine.** Try to limit or avoid alcohol. Studies have shown that drinking more than two alcoholic beverages a day can increase the risk of Afib. Salt does not trigger Afib, but it does contribute to high blood pressure. Nicotine is a heart stimulant that can trigger Afib and is a risk factor for heart disease and stroke.
- **Get regular exercise.** Exercise strengthens your heart. It cuts down on fatigue by increasing your energy and helping you sleep better at night. Exercise can also help you lose weight, and being at a healthy weight is an important part of managing atrial fibrillation. Talk to your healthcare provider about what level of activity is safe for you. Most experts recommend exercising 30 to 60 minutes five or six times each week.
- **Find ways to lower stress.** To handle stress, first identify what triggers it and then adopt a coping strategy. Try saying no when pressured to take on more than you can handle comfortably. Practice positive self-talk, physical exercise and deep breathing. Make time to do the things you enjoy.
- **Educate yourself.** Learn as much as you can about Afib, and take an active role in managing your condition.
- **Work with your healthcare provider.** Afib treatment isn't the same for everyone. It's also important to know that even your own individualized Afib treatment plan may change over time as your needs change. Always let your healthcare provider know about all your symptoms to make sure you're getting the treatment that's best for you. Keep your medical appointments, get necessary blood tests and take all your medications. Also, when you see any of your other healthcare providers, take a list of all your meds with you.



CONTROLLING CHOLESTEROL

Cholesterol, a type of lipid, is a waxy, fat-like substance produced naturally and stored in the liver. Your body needs cholesterol to function normally, but you only need a small amount in your bloodstream.

If you have too much cholesterol in your blood, your body stores the extra in your arteries, including the coronary arteries. Cholesterol build-up narrows and clogs the arteries, resulting in heart disease. As your cholesterol level increases, so does your risk for heart disease.

Your total cholesterol level is made up of three parts. LDL (low-density lipoprotein) is often called the “bad” cholesterol. When the body has too much LDL, it can build up in artery walls. HDL (high-density lipoprotein) is known as the “good” cholesterol because it picks up leftover LDL from the arteries and carries it back to the liver to be used again.

Triglycerides are fatty substances made by your liver from the food you eat. A high triglyceride level may lead to plaque buildup in arteries.

Your healthcare provider can do a lipoprotein profile to measure your total cholesterol. A lipoprotein profile is a blood test that’s done after you’ve fasted for 8-10 hours. It tells how much total cholesterol, HDL cholesterol, LDL cholesterol and triglycerides are in your blood.

If your total cholesterol or LDL levels are too high, or your HDL level too low, your healthcare provider may prescribe medication to help bring your cholesterol to a healthier level.

Talk with your healthcare provider about how often you should have a lipoprotein profile.



Wellness strategies to lower cholesterol

Cholesterol-lowering good health calls for a diet rich in fruits, vegetables, whole grains, fish, skinless poultry, nonfat dairy, beans, seeds, nuts and healthy vegetable oils like olive or canola. Your diet should restrict saturated fat, trans fat and salt. You should also cut back on sugar and refined flour, which have been linked with high triglycerides.

Other steps to take to help keep your cholesterol levels at healthy levels:

- **Get regular aerobic exercise.** Regular physical activity is critical to improving your cholesterol levels and cutting your risk for heart disease. Exercise reduces not only total cholesterol, but also LDL cholesterol and triglycerides, and increases HDL (“good”) cholesterol.
- **If you drink, do so in moderation.** Excessive alcohol use increases triglyceride levels.
- **Reduce stress.** It may help keep your cholesterol in check.
- **If you smoke, quit.** Smoking raises triglyceride levels and increases the risk for metabolic syndrome.
- **Set goals for healthy eating.** Making even small changes will help you lead a healthier lifestyle.
- **Make healthy food choices for you and your family.** Find ways to substitute lower fat and cholesterol foods for those you might normally use.
- **Take medication as directed.** Always talk to your healthcare provider or pharmacist if you have questions about medicines you take, whether prescribed or over-the-counter.



DIABETES AND HEART DISEASE

When you have diabetes, your body doesn't produce insulin (a hormone that controls blood sugar) or your body doesn't respond to its own insulin. Either way, your body has trouble regulating blood sugar. High blood sugar levels play a role in the development of heart disease.

Diabetes and heart disease have other common risk factors, such as a sedentary lifestyle and being overweight. Lack of exercise and obesity can lead to insulin resistance and diabetes. They can also lead to high blood pressure, unhealthy arteries and heart disease.

Diabetes can increase blood cholesterol and triglycerides. A buildup of fatty deposits in arteries can then lead to heart disease. Women with diabetes are more likely to have heart attacks, and are twice as likely as women without diabetes to die of some form of cardiovascular disease.

The A1C test

Many people with diabetes don't even realize they have it until it becomes life-threatening or leads to a serious complication. One way to find out for sure whether you have diabetes is to have a blood test, called an A1C test. The A1C test measures your average blood sugar levels over the past 2 to 3 months. Another way is to get a glucose tolerance test.

With diabetes, your body has trouble using a sugar called glucose for energy. As a result, the sugar level in your blood becomes too high. If not treated, high blood sugar can damage



arteries and make other problems—such as high blood pressure and abnormal cholesterol—more dangerous. It can also lead to heart attack or stroke.

To maintain heart health and keep your diabetes under control, focus on managing your blood sugar level. That means watching your diet, exercising, controlling your weight and taking medication if necessary. You'll need to check your blood sugar level several times a day with a glucose meter, and have regular check-ups that include an A1C test. The A1C test is the best way to tell how you're doing at controlling your glucose and insulin levels.

Lifestyle Tips: Your family wellness plan

Eating better and exercising more: These two changes alone may prevent diabetes or delay its onset and complications.

- Learn to eat a well-balanced diet that is low in fat and simple sugars. Balance what you eat with the amount of physical activity you get each day.
- Find things you enjoy doing that will help you be more physically active. Exercise not only helps to prevent or delay diabetes, it also helps you to control your weight and make you feel better.
- Getting more exercise doesn't just mean going to the gym. Being more active in your everyday life is also important. Walk to more places. Take the steps rather than the elevator.
- Choose some fun family physical activities to do, such as bike riding, playing tennis, walking or hiking.
- Teach your family healthy cooking habits. Find ways to substitute healthier menu items for ones that are higher in calories, fat and cholesterol. For example, use 2 egg whites or ¼ cup egg substitute instead of 1 whole egg. Use herbs, lemon juice, onions or garlic instead of salt or fat to flavor your meals.

Women who take up these healthful habits will serve as good role models for their children. Children are also at increased risk for type 2 diabetes due to higher rates of overweight and obese children.

Did you know that . . .

- more than 13 million women have diabetes?
- 15.4 percent of African-American women have diabetes?
- 12.0 percent of Mexican-American women have diabetes?
- the risk for stroke is two to four times higher among women with diabetes?
- the risk for coronary artery disease is more than 2 ½ times greater among women with diabetes
- smoking doubles the risk for heart disease in people with diabetes?

One serving of carbs is 15 grams.

Each of the following makes **one serving** of carbs:

- 1/2 cup of kidney beans
- 1 slice of bread
- 1/3 cup cooked pasta
- 1 cup fat-free milk
- 1 small apple (unpeeled)
- 1/2 cup mashed potatoes or cooked corn



Controlling blood sugar

Keeping blood sugar under control can help you feel your best. It also reduces chances of damage to artery walls, and helps keep blood pressure and lipid levels low.

Check your blood sugar before and after you exercise. Keep in mind that exercise lowers your blood sugar. When exercising, have glucose tablets or a snack handy if you feel symptoms of low blood sugar. Don't exercise if you're sick, or if your blood sugar or blood pressure levels are too high. Drink plenty of water and other fluids while exercising.

Carbohydrates (or carbs) are the body's main source of fuel, but carbs raise blood sugar more than any other type of food. To prevent this, limit the amount of carbs you eat at one time.

Most people can have 3 to 4 servings of carbs at meals, and 1 to 2 servings at snacks. Ask your healthcare provider or diabetes educator how many servings are right for you.

Regular checkups with your healthcare provider will help keep you on the path to better health and keep your blood sugar levels under control.

HEALTHY EATING



Eating healthy doesn't mean your food choices are limited. It's just a matter of making the right decisions for your heart health. And if you prepare the meals in your household, your healthy choices will be good for the whole family.

By eating healthy foods more often, you'll take a big step toward better health. Most heart disease risk factors are linked to what and how much you eat. Eating healthier will improve cholesterol and blood pressure levels. It can also help you lose extra pounds or maintain a healthy weight. And if you have diabetes, healthy eating can help you manage it.

The dangers of fat and salt

Saturated fat can clog your arteries and raise your bad (LDL) cholesterol levels. This type of fat comes mostly from animal sources and is found in butter, cheese, whole milk, lard and fatty cuts of meat. Another type of fat that raises your LDL cholesterol is trans fats—fats that have been converted into solids. You can avoid these by eating less shortening, margarine or snacks containing hydrogenated vegetable oil.

It's essential to eat some fats, however, because hormones and your nervous system depend on it to function properly. Some fats, such as monounsaturated (found in olive and canola oils) and polyunsaturated fats (found in sunflower and sesame oils) and omega-3 fatty acids (found in fish), are healthier than saturated and trans fats. You should limit your fat intake to no more than 25 to 30 percent of your daily calories, though.

Eating too much salt (sodium) can raise your blood pressure. To cut down on salt:

- Buy fresh foods or plain frozen foods. Canned and processed foods often have salt added to them. Read the sodium content on the label.
- Check that seasoning mixes are sodium-free.
- Don't add salt while cooking. Remove the saltshaker from the table.
- Limit fast foods and fried foods.

The recommended amount of sodium is 1,500 mg per day, or less than 200 mg per serving size. If you have high blood pressure or other heart problems, your healthcare provider may lower that amount.

It is also recommended that you get fewer than 20 grams of carbs and 2 grams of saturated fat per day.

Don't forget the fiber

Foods high in fiber make you feel full longer. This can help you control your weight. Eating foods high in soluble fiber



Nutrition Facts

Serving Size 3 oz. (85g)

Amount Per Serving	As Served
Calories 38	Calories from Fat 0

	% Daily Value
Total Fat 0g	0%
Saturated Fat 0g	0%
Cholesterol 0g	0%
Sodium 0g	2%
Total Carbohydrate 0g	3%
Dietary Fiber 0g	8%
Sugars 0g	
Protein 0g	

Vitamin A 270%	•	Vitamin C 10%
Calcium 2%	•	Iron 0%

Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:

		Calories	2,000	2,500
Total Fat	Less than	65g	80g	
Sat Fat	Less than	20g	80g	
Cholesterol	Less than	300mg	300mg	
Sodium	Less than	2,400mg	2,400mg	
Total Carbohydrate		300g	375g	
Dietary Fiber		25g	30g	

(found in peas, beans, oats and some fruit) helps to lower your cholesterol.

To add more fiber to your diet:

- Eat grains, such as oatmeal, brown rice, barley and kasha (buckwheat). Choose whole-grain breads, crackers and cereals.
- Include fresh vegetables and fruit in your diet. Try raw or lightly steamed vegetables. And eat whole fresh fruit with the skin.
- Eat dried, cooked beans, peas and lentils instead of meat.
- For a snack, try a few nuts (especially walnuts).
- Eat foods and drink beverages that are rich in polyphenols. These include coffee, blueberries, acai berries and pomegranates.

- Serving size is the basis for all values on the label. If you eat more than 1 serving, all other values on the label increase, too.
- Calories from fat should be less than a third of the total calories. The closer this number is to the total calories, the more fat the food contains.
- Total fat is the total amount of all types of fat per serving.
- Saturated fat raises cholesterol levels and leads to clogged arteries. Look for foods with little or no saturated fat.
- Trans fat is even worse for your heart than saturated fat. Look for foods with no trans fat.
- Cholesterol can raise your levels of LDL (bad) cholesterol. Even if this number is low, the food may not be good for you. Also look at the types and amounts of fats.
- Sodium should be limited to 1,500 mg each day. If you have high blood pressure or heart failure, your healthcare provider may say to have even less.
- Dietary fiber aids digestion and helps control cholesterol.

Try to get 14 grams of fiber for every 1,000 calories you eat.



Lifestyle Tips: Eating healthy

Eat plenty of produce—a moderately active woman should eat at least 3 cups of vegetables and 2 cups of fruits daily. Studies link diets high in fruits and vegetables with lower blood pressure and a reduced risk for heart disease.

HEALTHY EATING

Watching your portions

How much you eat is almost as important as what you eat. Try to reduce portion sizes. About 2/3 of your plate should hold vegetables, fruit and whole grains, and less than 1/3 of the plate should be protein. (For more information on portion sizes, visit www.choosemyplate.gov.)

Also, keep in mind that portions are different from servings. A serving is a fixed amount of food that helps you keep track of how much you eat, while a portion is the amount of food you put on your plate.

Here are some tips to help keep your portion sizes down, especially when dining out:

- **Eat slowly and savor your meal.** That way, you'll be able to feel when your stomach is full.
- **When you eat out, share your main dish or take half of it home.** Ask to have half boxed up before you begin eating, if you're too tempted to eat the whole meal.
- **Avoid all-you-can-eat buffets and order an appetizer or side dish as a main meal.**
- **Compare your food portions to the number of servings you need each day.** For instance, the average woman needs 5 to 6 ounces of protein, 3 ounces of dairy, 6 ounces of grain, 2 cups of fruits, and 2 ½ to 3 cups of vegetables.
- **Drink alcohol in moderation: One drink a day for women and two drinks a day for men.** (Pregnant women should avoid all alcohol, as it can lead to birth defects.) A drink is considered 12 ounces of regular beer, 4 to 5 ounces of wine, or 1 ½ ounces of 80-proof distilled spirits.



Shopping and dining out

Healthy eating starts with healthy food shopping. Pay attention to food labels and make healthy choices as you shop. Make a list before you enter the store and stick to it—avoid impulse buys.

These tips can help you make heart-healthy choices:

- **Start your shopping in the produce section.** You can trim fat by building meals around produce instead of meat. And fresh fruits and vegetables contain almost no sodium.
- **In the meat section, try chicken or fish instead of red meat.** Remember, beans, tofu or nuts are also good alternatives to meat. Avoid meats that are cured or smoked; these processes add a lot of sodium.
- **Try lower-fat dairy products.** If you usually buy whole milk, try reduced fat or 1% instead.



Lifestyle Tips: Making healthy choices

Use these tips as a guide for ordering when dining out:

American

- Grilled chicken or fish (without breading) instead of fried
- Salad or baked potato instead of fries
- Fresh vegetables at the salad bar, oil and vinegar dressing
- Veggie burger instead of a hamburger

Asian

- Steamed dishes instead of fried
- Have fish, chicken or tofu
- Vegetable dish instead of a meat dish
- Dip food into sauce rather than pouring sauce on top

Italian

- Order pasta with marinara sauce; don't add Parmesan cheese
- Ask for pizza to be made with half the normal amount of cheese, or order a variety with no cheese
- Order dishes with broccoli, spinach and mushrooms instead of sausage and pepperoni
- Avoid dishes with lots of cheese or cheese sauce

Mexican

- Fajitas with vegetables, chicken, chili peppers and a pinch of cheese
- Soft flour or corn tortillas instead of chips
- Guacamole instead of sour cream
- Black beans instead of refried

■ **Snack foods often contain trans fat, so read labels with care.** Look for low-fat, low-sodium versions of your favorites.

■ **Frozen dinners are often high in fat and sodium.** Look for plain frozen foods without sauces.

When you dine out, scan the menu for healthy choices. Often, restaurants will make a dish in a healthier way; ask for your order to be cooked without cheese, no added salt or with sauce on the side.

Fast food is high in salt and fat, so limit how many times you eat in these restaurants. When you do eat fast food, choose healthier items. Most restaurants have a nutrition list of the foods they serve. Ask for the list at the counter, or it may be on the restaurant's website.

EXERCISE AND WEIGHT

Being active can help you maintain a healthy blood pressure and manage lipid levels. When you commit to being active, you're not only protecting your heart, you're helping yourself look better, feel better and have more energy.

Adding more activity to your day

Becoming active starts with moving more. Find simple ways to make your day more active, such as light gardening or housework, or walking to a coworker's office instead of using the phone.

Walking is the easiest way to exercise. It's an aerobic exercise that's good for your heart, and it requires nothing more than a pair of sneakers and your own two feet. Try walking with some friends, outdoors on nice days or in a shopping mall if it's cold or raining.

Other activities of moderate intensity include:

- Using exercise or aerobics videos.
- Swimming laps at a local pool.
- Joining an exercise class or gym. Not all gyms are expensive, and some are for women only.
- Playing a game with your children or grandchildren.



Lifestyle Tips: Every little bit helps

Women lead busy lives, and you may think you don't have time to exercise. But you would be surprised at how easy it is to add activity to your day. You can:

- Take the stairs instead of the elevator.
 - Park your car a little farther from the store.
 - Play tag with your kids or grandkids.
 - Walk your dog around the block a few times.
 - Keep a pair of walking shoes at the office and take walks during lunch or breaks.
- Taking a bike ride around the block or neighborhood.
 - Going on a hike with your family or friends.

Before starting a new exercise program, ask your healthcare provider about activities to try—this is especially important if



Did you know that . . .

- there are 68 million overweight and obese adult women, representing 66.9 percent of the women in the United States?
- 62.1 percent of Caucasian women are overweight and 36.1 percent are obese?
- 82.0 percent of African-American women are overweight and 56.9 percent are obese?
- 77.0 percent of Mexican-American women are overweight and obese?
- 53.6 million adult women have total cholesterol of at least 200 mg/dL?

you have heart disease. If you choose activities you enjoy, you're more likely to stick with it. Try to do a total of at least 30 minutes of activity most days, or 60 to 90 minutes of activity if you're trying to lose weight.

Managing your weight

Being overweight increases blood pressure and blood cholesterol and triglyceride levels. It also increases your risk for type 2 diabetes—and diabetes in itself increases your risk for clogged arteries and heart attack.

By bringing your weight down to its optimal level, you'll lower your cholesterol level and blood pressure, and make your body more sensitive to the effects of insulin.

A body mass index (BMI) of 25 to 29.9 is considered overweight. A BMI of 30 or higher is considered obese. To calculate your BMI, multiply your weight in pounds by 703. Divide the result by your height in inches, then divide that result by your height in inches again. Another way to figure

out your BMI is to divide your weight in kilograms by your height in inches squared.

Even if you need to lose a lot of weight, losing just 5 to 10 pounds can make a difference.

Setting weight-loss goals

The only safe way to lose weight is to eat fewer calories AND become more active. This doesn't mean following a strict diet or exercising for hours a day. Instead, talk to your healthcare provider or dietitian to set weight-loss goals, then think about safe ways to meet those goals.

Your first goal might be to eat about 250 fewer calories daily. Reaching this goal could be as simple as switching from whole milk to skim or from regular to diet soda. Along with diet changes such as this, you could follow the tips in this chapter to add more activity to your day.

SMOKING AND HEART DISEASE

Cigarette smokers are two to four times more likely to develop heart disease than nonsmokers. The chemicals in cigarette smoke can shrink coronary arteries, making it difficult for blood to circulate. Smoking can also cause the lining of blood vessels to become stickier, which makes blood clots more likely—increasing the risk of stroke.

As soon as you stop smoking, your risk of heart disease and stroke starts to drop. In time, your risk will be about the same as if you'd never smoked.

Smoking and its effect on the heart

The nicotine and carbon monoxide in smoke temporarily increase your blood pressure, heart rate and the amount of blood pumped by your heart.

Other effects of smoking:

- Reduces the amount of oxygen in your blood, causing it to thicken and making clots more likely to form.
- Causes build-up of plaque in the arteries.
- May also disturb the heart's rhythm, causing an irregular heartbeat (arrhythmia); some arrhythmias can result in a stroke, or sudden cardiac arrest and death.

If you smoke and have high blood pressure, your stroke risk



can be 20 times higher than that of a nonsmoker with normal blood pressure. Constant exposure to secondhand smoke raises the risk of heart disease and stroke, too, even for nonsmokers.

Creating a quit plan

Once you've made the decision to quit smoking, your first step is to put together a quit plan. The following steps will help you on your path to becoming smoke-free.

- Set a quit date. When that date comes, follow through.
- Write and sign a contract that says you're going to quit for good. Have a witness sign it, and make sure the witness is someone who believes you can quit.
- Ask other smokers in your household if they'll quit with you.
- Think about people and situations that make you want to smoke. Plan how you can avoid or deal with these triggers without smoking.
- Talk to your healthcare provider about prescription medication to help you quit. Also consider over-the-counter nicotine replacement therapy such as a patch, spray or gum. When used as directed, these products make you much more likely to quit.



Working through withdrawal

Nicotine is a powerful and addictive drug. Since your body is used to the effects of nicotine, not smoking can bring on withdrawal. This can cause symptoms such as mood swings, lower energy and trouble thinking clearly. But don't worry—these symptoms will go away. Most people have to try a few times before they quit for good. Here are some suggestions to help you follow through.

- **Keep busy.** Staying active is a great way to distract yourself when the urge to smoke strikes. Try gardening, playing a game with your children or grandchildren, walking around the block, stretching or other exercise, drinking a glass of water, brushing your teeth or going outside for a few breaths of fresh air.
- **Try some healthy snacks.** These will keep your mouth busy while your urges to smoke pass (and in small helpings, won't make you gain weight). Try crunchy snacks such as apple slices, carrot or celery sticks with nonfat dip, pretzels, rice cake or air-popped popcorn; sweet snacks such as angel food cake, low-fat cookies or muffins, sugarless gum or hard candy; or creamy snacks such as fat-free pudding, yogurt or applesauce.
- **Get lots of support.** Ask a friend if you can call and talk when you get the urge to smoke. Ask friends and family members not to smoke around you or keep cigarettes in the house. Ask a friend or family member who smokes to quit with you.
- **Learn from slip-ups.** A slip doesn't mean you've failed—look at it as a chance to learn. What were you doing when you smoked? Were you with a smoker? Were you lonely? If you can find the reason for your slip, you can make a plan for how to deal with it, then get back on track. Any time you slip into smoking again, take control and put out the cigarette. If you tried to quit before and didn't succeed, don't doubt yourself; use what you've learned to stay on track.

Lifestyle Tips: Reward yourself

Making changes isn't easy. You deserve to reward yourself when you succeed. Just making a change, such as quitting smoking, may be its own reward, but why not give yourself an extra pat on the back?

- Give yourself something special you've been wanting.
- Do something you've always promised yourself you'd do, such as going dancing.

OVERCOMING BARRIERS TO GOOD HEALTH

There are several reasons ethnic groups may experience barriers to healthcare.

These include:

- **Lack of healthcare insurance:** The uninsured are more likely to encounter difficulty obtaining care and use fewer healthcare services. Many of the uninsured go without needed primary and preventive care that may avert a serious health issue.
- **Geography:** In urban settings, a person may have to take two buses and the subway to get to her doctor. People in rural communities may have to travel several miles to a larger town to get appropriate care.
- **Language and culture:** Effective communication can be difficult if the language and/or culture of the patient and the healthcare provider are different.
- **Low health literacy:** Understanding medical terminology can be intimidating for some people. Take time to read educational brochures that you run across. They will help increase your health literacy, and guide you in understanding which questions to ask.

Did you know that:

- among Mexican-American women, 30.7 percent have cardiovascular disease?
- among African-American women, 49.0 percent have cardiovascular disease?
- 60 percent of Hispanic women are sedentary and get no leisure time physical activity?
- the same is true of 65 percent of African-American women?
- 28.8 percent of Mexican-American women over age 20 have high blood pressure?
- more than 40 percent of African-American women have high blood pressure?
- the prevalence of diabetes in Mexican-American women is almost two times higher than in Caucasian women?
- African-American women are more than twice as likely to have been diagnosed with diabetes than non-Hispanic Caucasian women?



Health disparities among Hispanics and African Americans

Hispanics have a slightly higher risk for heart disease than Caucasians, and are less aware of their cardiovascular risk factors. According to the U.S. Centers for Disease Control and Prevention, language and cultural barriers, lack of access to prevention care, and lack of health insurance may lead to poorer health among Hispanics. Compared with Caucasian women, Hispanic women are three times as likely to be uninsured.

African Americans not only are at higher risk for hypertension, but they also get it at a younger age, and suffer more of the complications. And the problem is not confined to adults: Studies have shown that overweight African-American preteens, especially girls, may develop hypertension.

Among African-American women 20 years old and older, heart disease is the leading cause of death. In those over age 18, the rate of coronary heart disease is directly related to education, income and poverty status.

What you can do

You should not ignore health problems no matter how big or small—it will not make it go away.

Take advantage of any medical benefits provided by your employer. Everyone, no matter how healthy, should see a healthcare provider every 1 to 3 years depending on age and medical history. This will allow you to identify problems early and have more options for treatment.

If you don't already have a healthcare provider that you see regularly, find one with whom you feel comfortable. Before each visit, write down a list of questions you have and make sure to get answers to all of them. Bring a friend along if it helps.

Take advantage of the public clinics and health services in your community. Don't be discouraged if there are long wait times and less-than-friendly service. These are barriers you must overcome to ensure better health for you and your family.

OVERCOMING BARRIERS TO GOOD HEALTH

Should you participate in a clinical trial?

A clinical trial is a research study that uses human volunteers to try to answer a specific question. Most clinical trials test new treatments that appear to be more effective than current treatments.

All U.S. clinical trials must be overseen by an institutional review board (IRB) at each site participating in the research. The IRB helps ensure low risks and proper trial procedures.

As a clinical trial participant, you must sign an informed consent document that gives many details about the study and what you can expect. The document doesn't require you to complete the entire study. You have the right to leave at any time and will be immediately withdrawn if you have negative health effects.

Here are the pros to consider:

- You may be among the first to benefit from a new treatment.
- You'll be helping others by contributing to medical research.
- You'll be closely monitored and receive high-quality medical care.

Did you know that:

- African-American women have higher rates of obesity, physical inactivity, high blood pressure and diabetes?
- 27.9 percent of African-American women are overweight and another 56.5 percent of African American women are obese?
- among African-American women over age 20, 47.0 percent have high blood pressure?

Weigh those against the cons:

- Experimental treatments may bring unpleasant or serious side effects.
- The treatment may not work for you, or it may end up being less effective than the available treatment.
- Participating may require more of your time and energy than a normal treatment regimen. There may be more tests and healthcare provider visits, complex dosage requirements or hospital stays.
- Your health plan may not cover all your costs.
- You may have to change healthcare providers.

Before you sign up, talk with your family and your healthcare provider to decide if this is a good option for you.

GLOSSARY

A1C test: A type of blood test used to determine whether blood sugar is in a healthy range.

Angina: Symptoms that occur when the heart muscle can't get enough oxygen-rich blood. Angina often feels like pressure, tightness, or pain in the chest, arm, neck, shoulder or jaw.

Angiogram: A special x-ray of blood vessels to see the amount of blockage.

Angioplasty: A procedure to unclog blocked arteries, using a thin tube (catheter) with a balloon that inflates to open the artery.

Arrhythmia: An abnormal (irregular) heart rhythm or rate.

Artery: A blood vessel that carries oxygen-rich blood from the heart to the body.

Atherosclerosis: Buildup of plaque in arteries, reducing blood flow to the heart, brain or parts of the body. It occurs when artery walls thicken and lose elasticity.

Blood pressure: The amount of force blood exerts against the walls of your blood vessels.

CABG (pronounced "cabbage"): Coronary artery bypass graft surgery. This surgery creates a new pathway for blood around narrowed arteries.

Cholesterol: A fatty substance that can build up within artery walls. Some is made by the body; some enters the body through foods you eat. In people with heart disease, the level of cholesterol in the blood is often too high.

Claudication: Refers to limping because of pain in the thigh, calf, and/or buttocks that occurs when walking. Claudication may be a symptom of peripheral arterial disease (PAD).

Coronary arteries: The blood vessels that wrap around the heart. These supply the heart muscle with oxygen-rich blood.

Coronary artery disease (CAD): A condition that occurs when the arteries that carry blood to the heart are narrowed. Also known as heart disease.

Diabetes: A condition in which your body doesn't make enough insulin to handle the sugar in the blood, or the body can't use the insulin it makes, or both.

Electrocardiogram (ECG or EKG): A test that records the way electrical signals move through the heart.

Glucose: A type of sugar that your body converts food into so your cells can use it for energy.

HDL cholesterol: "Good" cholesterol that helps remove LDL ("bad") cholesterol and triglycerides from the blood. HDL stands for high-density lipoprotein.

Heart disease: A disease in which damage to the heart or the blood vessels that supply blood to the heart keeps the heart from working properly.

Heart failure: A condition that occurs when the heart doesn't pump blood as well as it should. Heart failure can be a result of heart disease, heart attack, or uncontrolled high blood pressure.

High blood pressure (hypertension): A disease in which blood pushes with too much force against artery walls as it moves through the arteries. This damages the arteries over time.

Insulin: A hormone that controls blood sugar in the body. With diabetes, either the body doesn't make any insulin or it can't effectively use the insulin it does make.

Ischemia: Reduced blood supply to an organ or tissue, such as the heart or leg muscles. Ischemia in the heart can lead to angina. If it occurs in the leg muscles, claudication can occur.

LDL cholesterol: "Bad" cholesterol that can cause plaque to build up in artery walls. LDL stands for low-density lipoprotein.

Lipids: Fats and fatty substances carried in the bloodstream. The body needs lipids for energy. But lipid levels that are too high raise the chance of heart attack and stroke.

Lipoprotein profile: A blood test usually done after you've fasted for 8-10 hours that tells how much total cholesterol, HDL cholesterol, LDL cholesterol and triglycerides are in your blood.

Metabolic syndrome: A health problem that occurs when a person has three or more of the following: low HDL cholesterol; high triglycerides; high blood pressure; high blood sugar; extra weight around the waist. This syndrome puts you at extra high risk of heart disease.

Monounsaturated fat: A healthier type of dietary fat that may help lower your "bad" cholesterol level.

Myocardial infarction (MI): Another term for heart attack. This occurs when the blood supply to the heart is cut off, resulting in permanent damage to the heart muscle. (The myocardium is the thick middle layer of the heart muscle.)

Peripheral arterial disease (PAD): A type of vascular (blood vessel) disease that affects the arteries supplying blood to the legs.

Plaque: Fatty deposits that build up inside the arteries and reduce blood flow.

Polyunsaturated fat: The healthiest type of fat. It's found in some oils (such as olive, peanut, and canola), nuts, seeds, and fish. Unsaturated fat can be good for your heart in moderate amounts.

Pre-hypertension: Blood pressure that is higher than normal, but not high enough to be called high blood pressure (hypertension).

Saturated fat: A type of fat that raises blood cholesterol. It's mostly found in foods from animal sources, such as butter, lard, fatty cuts of beef, and high-fat dairy. This fat should be limited as much as possible because it's bad for your heart.

Silent heart attack: A heart attack without any symptoms; ischemia without pain. Also called a "silent MI" or "silent ischemia."

Stent: A tiny wire-mesh tube inserted into a blocked artery to help keep it open.

Stroke: Occurs when blood flow is cut off by blockage or rupture in a blood vessel supplying the brain. Brain damage results.

Trans fat: A type of fat found in French fries and other fast food, snack foods (such as chips and cookies), and some margarines and shortenings. This is the worst fat for your heart and should be avoided.

Transient ischemic attack (TIA): A temporary blockage of blood supplying the brain, causing stroke-like symptoms.

Triglycerides: A type of fat measured in the blood along with cholesterol. High triglyceride levels are a risk factor for heart attack and stroke.



YOUR COMMENTS AND SUGGESTIONS ARE NEEDED!

**And now, please tell us what you
think about this workbook!**

We need your suggestions to make sure that this has everything you need to know to take care of your heart in the best way possible. Go to our online survey (www.research.net/s/women-heartdisease) and answer just a few questions. It will only take a few minutes of your time. Thank you for your help!